

# PERSONAL DECLARATION WARSAW HOUSING AUTHORITY

## For PHA Use Only

Preference \_\_\_\_\_ Eligible \_\_\_\_\_ Initials \_\_\_\_\_  
 Type \_\_\_\_\_ Voucher Size \_\_\_\_\_ Date/ Time \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING HOUSEHOLD INFORMATION. IF A SUBJECT DOES NOT APPLY TO YOU, PLEASE ENTER N/A (not applicable). THIS FORM MUST BE FILLED OUT COMPLETELY. PLEASE USE INK AND PLEASE PRINT.**

**I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME, LISTING HEAD OF HOUSEHOLD FIRST.**

ADULT (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	(M) Married (SP) Separated (D) Divorced (S) Single	<b>ETHNICITY /RACE</b> (H) Hispanic (NH) Non-Hispanic (W) White (A) Asian (B) (AA) Black/African American (AI) American Indian <b>Other</b> (Specify)
1.			HEAD			/
2.						/
3.						/

CHILDREN (FULL LEGAL NAME)	DATE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	ABSENT PARENT NAME AND ADDRESS IF APPLICABLE
1.					
2.					
3.					
4.					
5.					

CURRENT ADDRESS:	MAILING ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
HOME PHONE:	WORK PHONE:

	YES	NO
I RESIDE IN KOSCIUSKO COUNTY		
I AM EMPLOYED IN KOSCIUSKO COUNTY		
I AM ATTENDING SCHOOL IN KOSCIUSKO COUNTY		

IF SEPARATED OR DIVORCED, LIST NAME AND ADDRESS OF SPOUSE/EX-SPOUSE AS FOLLOWS:

NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
SOC. SEC. NUMBER:	SOC. SEC. NUMBER:

LIST THE NAME, ADDRESS AND PHONE NUMBER OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU:

NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:

## II. EXPENSES (ANSWER EACH QUESTION)

	YES	NO	COMMENTS
1. DO YOU PAY FOR CHILDCARE EXPENSES? IF YES, WHO AND AMOUNT PAID WEEKLY?			
2. DOES ANOTHER PERSON OR AGENCY HELP YOU PAY YOUR CHILDCARE EXPENSES? IF YES, WHO HOW MUCH?			
3. ARE YOU CURRENTLY PAYING ON MEDICAL EXPENSES NOT COVERED BY INSURANCE?			
4. ARE YOU CURRENTLY ATTENDING SCHOOL OR TRAINING CLASSES?			
5. IF YES: DO YOU RECEIVE GRANTS OR FINANCIAL AID?			

**III. TOTAL HOUSEHOLD INCOME:**

**IS ANY MEMBER OF THE HOUSEHOLD EMPLOYED? ( ) YES ( ) NO IF YES: ANSWER THE FOLLOWING:**

NAME OF HOUSEHOLD MEMBER EMPLOYED	PLACE OF EMPLOYMENT
1.	
2.	
3.	

**LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD. THIS INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY DISABILITY PAYMENTS (SSI), WORKERS' COMPENSATION, RETIREMENT BENEFITS, AFDC, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS, INCOME FROM BANK ACCOUNTS, ALIMONY, AND ALL OTHER SOURCES.**

NAME OF HOUSEHOLD MEMBER THAT IS RECEIVING INCOME	SOURCE OF INCOME (INDICATE WHERE THE INCOME COMES FROM, I.E. EMPLOYMENT, SS, SSI, CASH, CHILD SUPPORT, ETC.)	AMOUNT RECEIVED FROM SOURCE OF INCOME	INDICATE IF AMOUNT IS RECEIVED WEEKLY, BI-MONTHLY, OR ANNUALLY

**IV. ASSETS: ASSETS HELD BY ALL HOUSEHOLD MEMBERS ARE TO BE DISCLOSED:**

**DO YOU OR ANY HOUSEHOLD MEMBERS OWN, JOINTLY OWN, OR HAVE AN INTEREST IN ANY OF THE FOLLOWING?**

	YES	NO		YES	NO
REAL ESTATE			BOAT		
MOBILE HOME			STOCKS/BONDS		
LAND, LOT, ACREAGE			HOUSE		

**IF YES: EXPLAIN:**

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DO YOU OR ANY HOUSEHOLD MEMBERS HOLD OR JOINTLY HOLD ANY OF THE FOLLOWING?

	YES	NO	ACCOUNT NUMBER	BANK/COMPANY
SAVINGS ACCOUNT				
SAVINGS ACCOUNT				
CHECKING ACCOUNT				
CHECKING ACCOUNT				
LIFE INSURANCE				
IRA(S)				
RETIREMENT FUNDS(S)				

DO YOU OR ANY HOUSEHOLD MEMBER OWN OR FINANCE A VEHICLE? ( ) YES ( ) NO

MODEL/YEAR:	LICENSE NUMBER:
MODEL/YEAR:	LICENSE NUMBER:

V. MISCELLANEOUS

ANSWER EACH QUESTION	YES	NO
1. DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD HELP YOU PAY BILLS, GIVE YOU MONEY OR PROVIDE FOR YOUR LIVING EXPENSES?		
2. HAS ANY MEMBER OF THE HOUSEHOLD EVER RECEIVED ASSISTANCE FROM AN AGENCY OR HOUSING AUTHORITY FOR RENT AND UTILITIES? IF YES, FROM WHERE? _____		
3. HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF ANY CRIME? IF YES, WHAT CRIME? _____		
4. DO YOU CURRENTLY OWE ANY HOUSING AUTHORITY MONEY FOR ANY REASON? IF YES: WHERE? _____ NAME USED: _____		
5. HAS ANY MEMBER OF THE HOUSEHOLD EVER COMMITTED ANY FRAUD, MISREPRESENTED INFORMATION IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN ASKED TO REPAY MONEY FOR ANY REASON? IF YES, WHERE? _____		

## VI. DOMESTIC VIOLENCE

ANSWER EACH QUESTION	YES	NO
*ARE YOU A VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING ?		
2. IF YES: DID YOU HAVE TO LEAVE YOUR PLACE OF RESIDENCE?		
3. IF YES: DOES THE ABUSER RESIDE AT THE RESIDENCE YOU LEFT?		
4. DID THE ABUSE OCCUR IN THE PAST SIX (6) MONTHS? IF YES: DATE: _____		

\* If you answer yes to question #1, please request a preference eligibility package

## VII. CITIZENSHIP

ANSWER EACH QUESTION	YES	NO
1. I AM A CITIZEN OF THE UNITED STATES		
2. IF NO, I CAN SUPPLY ELIGIBLE IMMIGRANT STATUS		
3. INDICATE TOTAL NUMBER OF HOUSEHOLD MEMBERS WHO ARE UNITED STATES CITIZENS:		

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN INCOME, ASSETS, ALLOWANCES AND DEDUCTIONS, AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS, MUST BE REPORTED IN WRITING TO THE HOUSING AUTHORITY WITHIN 10 DAYS OF OCCURRENCE. FURTHERMORE, I UNDERSTAND THAT ANY FALSE OR FRAUDULENT STATEMENTS OR WILLFUL OMISSIONS OF INFORMATION MAY BE REGARDED AS WILLFUL MISREPRESENTATION AND MAY RESULT IN THE DENIAL OR TERMINATION OF MY RENTAL ASSISTANCE.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

SIGNATURE OF HEAD OF HOUSEHOLD:	DATE:
SIGNATURE OF SPOUSE	DATE:
SIGNATURE OF OTHER ADULT:	DATE:
SIGNATURE OF OTHER ADULT:	DATE:

